

REC'D MAR 19 1941

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7458  
Do not use this space.

1. PLACE OF DEATH

(a) County Lincoln Registration District No. 486  
(b) Township Americans Primary Registration District No. 5649  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

Registered No. 7

2. PRINT FULL NAME

Richard J. Mayes  
(a) Residence, No. Elshorn St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dead  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 18 - 1845  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 95 1 22  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Farmer  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo

FATHER 13. NAME John Mayes  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

MOTHER 15. MAIDEN NAME Isabella  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KY

17. INFORMANT (ADDRESS) Mr. Claude Dameron Elshorn Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Ridge DATE Feb 11 1941

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. Bradley Elshorn

20. FILED Feb 11 1941 C. W. Powell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 10 1941

22. I HEREBY CERTIFY, That I attended deceased from Feb 6 1941, to Feb 9 1941  
I last saw him alive on Feb 9 1941 Death is said to have occurred on the date stated above, at 1:30 P.M.  
The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia  
F. m.  
Date of onset \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) J. S. Hallaway \* D. O.  
(Address) Elshorn Mo.

WRITE CLEARLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X1602B

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed W H Bradley

Licensed Embalmer No. 3946

P. O. Address Elstony Ma

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**